## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

12/30/2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (571) 273-2885

or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (If required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as functionated unless corrected below or directed otherwise in Block i, by (a) specifying a new correspondence address, and(or) indicating a separate FEE ADDRESS. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

MEDTRONIC INC. 710 MEDTRONIC PARK MINNEAPOLIS, MN 55432-9924

27581

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Footal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facimile
transmitted to the USFTO (51) 127-2885, on the date indicated below.

(Sima

Œε APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/044 405 01/11/2002 Paul H. Stypulkowski 11738.00026 9022

TITLE OF INVENTION: VARIATION OF NEURAL-STIMULATION PARAMETERS

	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	П	PUBLICATION FEE TOTAL FE		EE(S) DUE	DATE DUE		
	nonprovisional NO		\$1400		\$300	\$1700		03/30/2006		
	EXAMINER ART		ART UNIT	T	CLASS-SUBCLASS	1				
EVANISKO, GEORGE ROBERT 376			3762		607-045000					
Change of correspondence address or indication of "Fee Address" (T7 CFR 1.83)										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Medtronic, Inc.					Minneapolis, Minnesota					
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):										
Issue Fee			□ A d	A check in the amount of the fee(s) is enclosed.						
☑ Publication Fee (No small entity discount permitted)				Payment by eredit eard. Form PTO-2038 is attached.						
Advance Order · # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 9-0/33 (enclose an extra copy of this form).						
5. Change In Entity Status (from status indicated above)										
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer elaiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as above by the recrost of the Instituted Stater Feature and Tradenties/ Officer.										
Α	uthorized Signature	Deam J.	allen	_	Date Ma	rch 28	, 2006			
Typed or printed name William Allen				Registration No. 51,393						
This collection of information is required by 22 CER 1211. The information is required to their control of the second by the UERTO or second										

This collection of information is required by 3 CFR, 1311. The information is required to obtain or retain a beautile by the public which is to file (and by LSFD) to proceed as application. Confidentally in giverned by 30 LSC. (22 and 15 CFR, 141 This collection is estimated to the 21 minutes to complete, including against, preparing, and submitting the completed applications form to the LISFTO () Time will very depending upon the individual case. Any comments on the amount of time you require to complete from mode or suggestions for reducing in bluedre, should be sent to the Chief Information officer. (LS, Petendine and Timetanto Officer, US, Department of Commerce, P.O. Boar 1450, Alexandria, Virgina 231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Boar 1450, Alexandria, Virgina 231-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.